## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10647954

| (Column 1) (Column 2)   |   |   |                                       |                               |                              |                   |          | SMALL ENTITY TYPE   |                        |         | OTHER THAN OR SMALL ENTITY |                        |
|---|---|---|---------------------------------------|-------------------------------|------------------------------|-------------------|----------|---------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 34                                    |                               |                              |                   | ſ        | RATE                | FEE                    | l I     | RATE                       | FEE                    |
| FOR   |   |   | NUMBER FILED                          |                               | NUMBER EXTRA                 |                   |          | BASIC FEE           |                        | OB      | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | 34 minus 20=                          |                               | . 14                         |                   | I        | X\$ 9=              |                        | OR      | X\$18=                     | 252                    |
| NDEPENDENT CLAIMS   |   |   | '2 minus 3 =                          |                               | •                            |                   |          | X42=                |                        |         | X84=                       | 235                    |
| -   |   | DENT CLAIM PI                             |                                       |                               |                              |                   | ŀ        | 7,42-               |                        | OR      | 7,042                      |                        |
| _   |   |   |                                       |                               |                              |                   |          | +140=               |                        | OR      | +280=                      |                        |
| ' If  | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                               |                              |                   |          | TOTAL               |                        | OR      | TOTAL                      | 1002                   |
|   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |                                       |                               |                              |                   |          | SMALL ENTITY        |                        |         | OTHER THAN SMALL ENTITY    |                        |
| AMENUMENI A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | . 34                                      | Minus                                 | • 3                           | 4                            | <b>x</b>          |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|   | Independ nt   | • 3                                       | Minus                                 | ***                           | 3,                           | -                 |          | X42=                |                        | OR      | X84=                       |                        |
| -   | FIRST PRESE   | NTATION OF MI                             | JLTIPLE DEP                           | ENDEN                         | CLAIM                        |                   |          | +140=               |                        | OR      | +280=                      |                        |
|   |   |   |                                       |                               |                              |                   |          | TOTAL<br>ODIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|   |   |   |                                       |                               |                              |                   |          |                     |                        |         |                            |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NO M  | Total   | *   | Minus                                 | **                            |                              |                   |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| ME  | Independent   | *   | Minus                                 | ***                           |                              | •                 |          | X42=                |                        | OR      | X84=                       |                        |
| _   | FIRST PRESE   | NTATION OF MI                             | ULTIPLE DEP                           | ENDEN                         | CLAIM                        |                   | J        | +140=               |                        | OR      | +280=                      |                        |
|   |   |   |                                       |                               |                              |                   | L        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|   |   | (Column 1)                                |                                       | (Colu                         | mn 2)                        | (Column 3)        |          | ODII. FEE           |                        | •       | ADDIT. I EL                |                        |
| ENIC  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Š   | Total   | •   | Minus                                 | 1                             |                              | =                 |          | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| AMENUMEN  | Indep ndent   | •   | Minus                                 | ***                           |                              | =                 | <b> </b> | X42=                |                        | OR      | X84=                       |                        |
| <del>/</del>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                                       |                               |                              |                   |          |                     |                        |         |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                                       |                               |                              |                   |          | +140=<br>TOTAL      |                        | OR      | +280=                      |                        |
| **  | If the "Highest Nu  | mber Previously Pumber Previously P       | aid For IN THI                        | S SPACE                       | is less tha                  | an 20, enter *20. | . ,      | ODIT. FEE           |                        | OR      | ADDIT. FEE                 |                        |
|   | The "Highest Nur  | mber Previously Pa                        | id For" (Total o                      | Independ                      | lent) is the                 | e highest numbe   | er fou   | nd in the app       | propriate bo           | x in co | lumn 1.                    |                        |